Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	,	Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Troy H S					Lincoln		0520
Is this contract share □ yes □ no	d between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resident ces must be resportation com	ice. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Lisa Mountain					Pre-kindergarten/Kinde		
Physical Address (st	reet address	only):			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Let Regular Trans Spec. Ed. Trans	HS 0 to nearest bu HS 29 e-way only	us stop, if any	/ (one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files.	times per day,times per day, times per day, es without other schotimes per day, times per day, cool Clerk June 1.	days per week days per week days per week ol-age students: days per week
Room & Board						EIMBURSEMENT RA	
Correspondence						,	,
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
insured driver will tra 2. In March and June,	s: nsport or provide t ansport the studer the District shall p	transportation for	the student(s) to	o and from the school only when transportati	, and school district (district referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or process.	n session. The parent or guard ct actually occurs.	
	e computed on the				142, MCA, and the information accompan er enrolled in school, whichever occurs fir		
Elementary School D			ard of Truste		5. S. JOHOS III SOLIDOI, WINGLIGVEL OCCUIS III	···	Date
High School District Troy H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 , MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Respo	onsible for Re	imbursing the	Contract		County	-	Legal Entity
High School or K-12 Distr	rict Responsib	le for Reimbu	rsing the Cont	ract	County		Legal Entity
Troy H S					Lincoln		0520
Is this contract shared ☐ yes ☐ no	between ele	ementary an	d high school	ol?			
Are you applying for is (If yes, please attach e	explanation)		□ No		Student Name	School	Grade
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola Il circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the	sed payment o	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval			tials		Student Name	School	Grade
	•	no no			THIS CONTRACT IS FO	OR:	
Parent or Guardian Na	ame: (Please	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Loretta Riggs					Pre-kindergarten/Kinder	garten	
Physical Address (stre	et address o	only):			☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board	HS 40 o nearest bu HS 17 -way only	s stop, if any	y (one way)	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files.	times per day,times per day, es without other schootimes per day, times per day, ool Clerk June 1. I to County Supt by July	days per week days per week ol-age students: days per week ol-age students: days per week days per week days per week days per week
Correspondence						rict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
insured driver will tran 2. In March and June, the transported for the pas 3. The payment shall be	port or provide to sport the studen e District shall past st semester. computed on the	ransportation for the Mileage con ay the parent the e basis of the so	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	, and school district (district referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contralation upon certification by the teacher or partial.	n session. The parent or guardict actually occurs. rincipal of the school of the nur	
4. This contract shall term Elementary School Dis			rear or when the ard of Truste		er enrolled in school, whichever occurs fire	ઠા.	Date
High School District Troy H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or Gu	uardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Troy H S					Lincoln		0520
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Merriam Beal Physical Address (s	street address	only):			Pre-kindergarten/Kind	lergarten □ 2nd Semester Onl	y □ Both Semesters
					KINDERGARTEN/PR		
Distance from home Elementary 0 Distance from home Elementary 0	HS 4	·	• /		by this contract: To or from Bus Stop_ To or from School Kindergarten child r	times per day, times per day, _ ides without other scho	days per week days per week days per week ool-age students: days per week days per week days per week days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to I	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to S	chool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total			y 1, retain a copy for your
Regular Trans						ENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						REIMBURSEMENT Raistrict, county and OPI	
Correspondence							
Reg. Contingency Spec. Ed. Contin.					Reir	nbursement rate is determ 20-10-142, MCA.	nined by
opec. Lu. Conun.							
Agreement between	n parent (pare	nt name)			, and school district (d	istrict name)	,
insured driver will 2. In March and June transported for the 3. The payment shall	ansport or provide transport the stude e, the District shall e past semester. I be computed on t	nts. Mileage cor pay the parent the	r the student(s) to htracts are valid of e sum officially a	o and from the school only when transportation approved in the applicated in Section 20-10-1	ter referred to as the District(or bus stop on the days when school it on for the distance reported on the cor- tion upon certification by the teacher of 42, MCA, and the information accomprenousled in school, whichever occurs	s in session. The parent or guard tract actually occurs. or principal of the school of the nu- vanying this contract.	
Elementary School			ard of Truste				Date
High School District Troy H S	t	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	nformation is true and correc	et.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Troy H S					Lincoln		0520
Is this contract shar	red between e	lementary ar	nd high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the mittee, and mittee mittee.	o receive oproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval	,	□ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	y
Sue Janssen Physical Address (s	street address	only):			Pre-kindergarten/Kind ☐ 1st Semester Only	ergarten 2nd Semester On	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for contract is for contract in Each Grade Learning Elementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 0 e to nearest bu HS 20 ene-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop_ To or from School	times per day,	days per week da
Reg. Contingency Spec. Ed. Contin.					Rein	nbursement rate is detern 20-10-142, MCA.	mined by
insured driver will In March and June transported for the The payment shal This contract shall	ws: ansport or provide transport the stude , the District shall past semester. I be computed on to	transportation for nts. Mileage cor pay the parent the the basis of the so and of the school of	r the student(s) to tracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the applicated in Section 20-10-10 student(s) is no longe	, and school district (dister referred to as the District() or bus stop on the days when school is on for the distance reported on the contion upon certification by the teacher of 42, MCA, and the information accomparen	s). s in session. The parent or guard tract actually occurs. or principal of the school of the nuanying this contract.	mber of days the student(s) was
Elementary School		,					Date
High School Distric Troy H S	l 	Chair, Boa	ard of Truste	ees			Date
			l attes	t that the above i	information is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Elementary Disket Responsible for Reimbursing the Contract Troy H S Is this contract Absired between elementary and high school? Fig. 1 Is this contract Shared between elementary and high school? Fig. 2 Is this contract Shared between elementary and high school? Fig. 3 Is this contract Shared between elementary and high school? Fig. 3 Is this contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared between elementary and high school? Fig. 4 Is the contract Shared Shared between elementary and high school? Fig. 5 Is the contract Shared Shared between elementary and high school? Fig. 5 Is the contract Shared Shared Between elementary and high school? Fig. 5 Is the contract Shared Shared Between elementary and high school? Fig. 5 Is the contract Shared Shared Between elementary and high school? Fig. 5 Is the contract Shared Shared Between Elementary Contract Shared S		Box 202501 na, MT 59620	0-2501			chool Year 2005- 2006 e to School Clerk June 1		
Is this contract shared between elementary and high school? yes	Elementary District Re	esponsible for R	eimbursing the	Contract		County		Legal Entity
Is this contract shared between elementary and high school? yes								
Is the contract shared between elementary and high school? yes no Are you applying for joolation status? Yes No Are you applying for joolation of joodance in more and of more to receive increased rates, included and approved by the Distance from included and the County Transportation Committee. Elem Distract Applying Yes no Included Applying Yes no Included Applying Yes no Included Applying Yes No Distance from home to nearest school (one way) Elementary HS 0 Distance from home to nearest school (one way) Elementary HS 0 Contract is for one-way only Soutient in Each Grade Level - Only include the suddress only): Distance from home to nearest school (one way) Elementary HS 0 Contract is for one-way only Soutients in Each Grade Level - Only include the suddress to be covered by this contract. Regular Trans Spec. Ed. Trans Spec. Ed. Trans Spec. Ed. Trans Spec. Ed. Contin. Agreement between parent (parent name) Cornespondence Reg. Agreement between parent (parent name) County, hereinafter referred to have some some some some some some some som	High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Agreement between parent (parent name) Regular Trans Spec. Ed. Contin. Pre-K Regular Trans Spec. Ed. Contin. Pre-K Regular Trans Room & Board Correspondence Reg. Country spec. Ed. Contin. Pre-K Room & Board Correspondence Reg. Country spec. Ed. Contin. Pre-M Room & Board Correspondence Reg. Country spec. Ed. Contin. Pre-M Room & Board Correspondence Reg. Country name	Troy H S					Lincoln		0520
Solution Scripping Student Name School Grade		red between e	lementary ar	nd high scho	ol?			
Student Name	(If yes, please attac	ch explanation)			Student Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	rates for special circur increased rates, indivitrustees of the district,	mstances of isolo dual circumstan , the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	to receive pproved by the	Student Name	School	Grade
Student Name	Check here only if inci	reased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
Parent or Guardian Name: (Please Print)	Elem District Approval	l □ yes	In □ no			Student Name	School	Grade
Terri Nussbaum Physical Address (street address only): Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Sudents in Each Grade Level - Only include the students to be covered by this contract. Pre-k Total Total Total Total Total Total Total Total Correspondence Reg. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). Agreement between parent (parent name) County name County name) County name County name County name County name) County name County							FOR:	
Physical Address (street address only): President garden and the seasester Only Both Semesters	Parent or Guardian	Name: (Pleas	se Print)				□ 2nd Semester Onl	y Both Semesters
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K			only):					y
Distance from home to nearest school (one way) Elementary 0 HS 0 HS 0 HS 0 HS 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total Total Correspondence Reg. Colontract is for one-way only Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)						·		,
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total	Elementary 0 Distance from home	HS 0 e to nearest be	·	• /		by this contract: To or from Bus Stop_ To or from School Kindergarten child r	times per day,times per day,times per day,tides without other scho	days per week days per week ool-age students:
Pre-K K 1-8 9-12 Total Tot								
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Students in Each Grade L					PARENTS: Due to S	chool Clerk June 1.	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County name) County, hereinafter referred to as the District (s). The parent sall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported or the contract actually occurs. The parent sall transport are provided from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported or the contract actually occurs. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Lattest that the above information is true and correct.		_			-		nal to County Supt by Jul	y 1, retain a copy for your
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The paries agree as follows: 1. The parent shall transport the students. Mileage contracts are valid only when transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	•					COUNTY SUPERINT	ENDENTS: Send origina	al to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Spec. Ed. Trans							
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)								
Agreement between parent (parent name)	· _							
Agreement between parent (parent name)	Contingency					Reir		mined by
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Troy H S I attest that the above information is true and correct. I attest that the above information is true and correct.	Spec. Ed. Contin.						· · · · · · · · · · · · · · · · · · ·	
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Troy H S I attest that the above information is true and correct. I attest that the above information is true and correct.	A graement between	n naront (naro	nt nama)			and achool district (d	listrict name)	
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.		п рагені (раге	nt name)			,	,	······································
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Troy H S I attest that the above information is true and correct.	The parties agree as follo				3 ,		,	
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees High School District Troy H S I attest that the above information is true and correct.	insured driver will	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the distance reported on the cor	ntract actually occurs.	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date Troy H S I attest that the above information is true and correct.	transported for the	past semester.		•		•	•	iniber of days the student(s) was
High School District Chair, Board of Trustees Troy H S I attest that the above information is true and correct.	This contract shall	terminate at the e	nd of the school	year or when the	student(s) is no longe	r enrolled in school, whichever occurs	first.	Date
I attest that the above information is true and correct.	High School Distric		,					
	поу п 5			l attes	t that the above i	nformation is true and corre	et.	
	Signature - Parent or	r Guardian		. 41103				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Troy H S					Lincoln		0520
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been a	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FOR	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Virginia Kleinhe Physical Address (s		only).			Pre-kindergarten/Kinde		h
1 Hysical Address (s	arcet address	Omy).			1st Semester OnlyKINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 13				Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other scho	days per week days per week ool-age students: days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	ıl to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RI	EIMBURSEMENT R trict, county and OP	
Correspondence					,		
Reg. Contingency					Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betweer	n parent (parei	nt name)			, and school district (dis	,	·,
(county name) The parties agree as follow		transportation for		•	fter referred to as the District(s)		idian assuras that a lisansad and
insured driver will t	transport the stude	nts. Mileage con	tracts are valid	only when transportati	or bus stop on the days when school is i on for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.	
	be computed on the				142, MCA, and the information accompan		
4. This contract shall Elementary School			ard of Truste		er enrolled in school, whichever occurs fir	st.	Date
High School District	t	Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena,	202501 MT 59620-	2501		Du	e to School	ol Clerk June 1		
Elementary District Respon	nsible for Rei	mbursing the	Contract			County		Legal Entity
Troy Elem						Lincoln		0519
High School or K-12 District	ct Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared to □ yes □ no	oetween ele	ementary an	nd high school	ol?				
Are you applying for iso		s? 🗆 Yes	□ No		Stud	ent Name	School	Grade
(If yes, please attach ex ISOLATION: Section 20-1	kplanation) 10-142, MCA,	, provides for	increased rein	nbursement	01.00	5.11.1.10	33.133.	0.000
rates for special circumstar increased rates, individual trustees of the district, the Public Instruction. (10.7.11	circumstance county transp	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grade
Check here only if increase District Trustees and the C	ed payment d	lue to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval	yes 🗆		itials			ent Name	School	Grade
County Approval		no				S CONTRACT IS FO les 1-12	<u>DR:</u>	
Parent or Guardian Nar	ne. (Please	e Plilit)			□ 1	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Brian Metz Physical Address (stree	et address o	only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters
Distance from home to nearest school (one way) Elementary 5.1 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 5.1 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 5.1 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K T Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Distance from home to nearest bus stop, if any (one way) HS 0 Kindergarten child rides with other school-age students also covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Kindergarten child rides without other school age students also covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides with other school-age students also covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students also covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students also covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students also covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students also covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students. To or from Bus Stop times per day, days per week Kindergarten child rides without other school days per week To or from Bus Stop times per day. College without other school days per week College without other school days per week To or from Bus Stop								
insured driver will transp 2. In March and June, the transported for the past 3. The payment shall be or	ort or provide tra cort the student District shall pa semester. omputed on the inate at the end	ansportation for ts. Mileage con ay the parent the basis of the so	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the distantion upon certif 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nun ring this contract.	an assures that a licensed and nber of days the student(s) was
Troy Elem High School District		,	ard of Trustee					Date
r light School District		Onall, DU	ard of Trusies					Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or Gua	ardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Troy Elem						Lincoln		0519
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>			
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	, provides for	increased rein	nbursement	0.000		00.100.	0.000
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stude	nt Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			nt Name	School	Grade
		no				CONTRACT IS FO es 1-12	<u>)R:</u>	
Parent or Guardian I	•	e Pilili)			□ 1st	Semester Only	□ 2nd Semester Only	y □ Both Semesters
Daniece Stecher Physical Address (st		only):				ndergarten/Kinder Semester Only		y □ Both Semesters
Distance from home to nearest school (one way) Elementary 8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Regular Trans Spec. Ed. Trans Correspondence Reg. Contingency Spec. Ed. Contin. Distance from home to nearest bus stop, if any (one way) HS 0 Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week Kindergarten child rides with out of ther school-age students: To or from Bus Stop times per day, days per week Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week Kindergarten child rides with other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides with other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides with other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides with other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students To or from School times per day, days per week Countractive from School times per day, days per week To or from School times per day, days per week CLERKS: Send original to County Supt by July 1, reta								
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall to the contract shall	s: nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	ter referred to or bus stop on the on for the distance tion upon certific 42, MCA, and the	o as the District(s). e days when school is in e reported on the contract	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Troy Elem High School District		Chair, Boa	ard of Trustee	es				Date
			1 ** *	414 P		- American III		
Signature - Parent or	Guardian		I attest	tnat the above i	intormation is	true and correct.	Date	
Signature - Parent or	Guaruidii						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	-	Legal Entity	
Troy Elem						Lincoln		0519	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	ent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	ent Name	School		Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Jerry Akin					Pre-	kindergarten/Kinder	narten	•	
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🗆 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 4	e to nearest so	hool (one wa	ay)		bv tl	is contract:	es <u>with</u> other school-a	_	
Distance from home Elementary 0	e to nearest bu HS 0	s stop, if an	y (one way)		Kind	ergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:
·					To o To o	r from Bus Stop r from School	times per day, _ times per day, _	days days	s per week s per week
☐ Contract is for o	• •	the students to b	ne covered by thi	s contract	Dea	dlines:			
Olddonio in Edon Olddo Ed						ENTS: Due to Scho	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files.	RKS: Send original	to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COL	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10. retain a
Spec. Ed. Trans						for your files.			, , , , , , , , , , , , , , , , , , , ,
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)		,
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).			
 The parent shall tra 	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	censed and
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certif	cation by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was
The payment shall This contract shall	be computed on the terminate at the en	d of the school y	ear or when the	student(s) is no long	-142, MCA, and t ger enrolled in sc	ne information accompany nool, whichever occurs firs	ing this contract. t.		
Elementary School Troy Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		1	I attes	t that the above	information	is true and correct.		l	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	ie to School	Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		(County	I	Legal Entity	=
Troy Elem						incoln		0519	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>				_
Are you applying for			□ No		Studer	nt Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			33.133.	3.445	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstanc the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Studer	nt Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials			nt Name	School	Grade	
		no			THIS (Grade	CONTRACT IS FO s 1-12	<u>DR:</u>		
Parent or Guardian	Name. (Pleas	e Pilili)			□ 1st	Semester Only	☐ 2nd Semester Only	y Both Semesters	
Joy Savage Physical Address (st	reet address	only):				ndergarten/Kinder Semester Only		y	
Distance from home to nearest school (one way) Elementary 4 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Distance from home to nearest bus stop, if any (one way) HS 0 Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten child rides without other school-age students also covered by this contract: To or from School times per day, days per week to or from School times per day. To or from School times per day. Collegation times per day. To or from School times per day. To o									
insured driver will tr 2. In March and June, transported for the The payment shall	rs: Insport or provide to ansport the studer the District shall poast semester. Doe computed on the erminate at the en	ransportation fo nts. Mileage cor ay the parent th ne basis of the s nd of the school	r the student(s) to tracts are valid o e sum officially a	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred to l or bus stop on the ion for the distance ation upon certifica	e days when school is in reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attest	that the above	information is	true and correct.			_
Signature - Parent or	Guardian		1 41165	a. the above	ioimadon 15	and and contect.	Date		_
3									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reinhursing the Contract Troy Elem Is this contract shared between elementary and high school? The proper applying for includion status? If so INO (if yes, peaked status shared between elementary and high school? The proper applying for includion status? If so INO (if yes, peaked status shared between elementary and high school? The proper applying for includion status? If so INO (if yes, peaked status shared shared between elementary and high school? The proper applying for includion status? If so INO (if yes, peaked status shared sha	Helena, MT 5		D	ue to School Clerk June 1				
Is this contract shared between elementary and high school? yes	Elementary District Responsible f	or Reimbursing the Co	entract	County		Legal Entity		
Is this contract shared between elementary and high school? yes	Troy Flem			Lincoln		0519		
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Country name) Country name or garden essures that a twensed and 1 the school or a school of a school	High School or K-12 District Resp	onsible for Reimbursir	ng the Contract					
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Country name) Country name or garden essures that a twensed and 1 the school or a school of a school								
State that he please attach explanation State that the above information is true and correct.		en elementary and h	nigh school?	<u>'</u>				
Student Name			□ No	Student Name	School	Grade		
Student Name School Grade Student Name School Grade	(If yes, please attach explana ISOLATION: Section 20-10-142,	tion) MCA, provides for inc	reased reimbursement	7	0011001	0.000		
Check here only if increased payment due to isolation has been approved by the District frustees and the County Transportation Committee. Student Name	rates for special circumstances of increased rates, individual circum trustees of the district, the county	isolation of residence stances must be reviet transportation commit	In order to receive wed and approved by the tee, and the Office of	Student Name	School	Grade		
Student Name School Grade HS District Approval yes no	Check here only if increased pays	nent due to isolation h	as been approved by the	Student Name	School	Grade		
Parent or Guardian Name: (Please Print)	Elem District Approval	no	s 			Grade		
Lela Stewart Physical Address (street address only): Pre-kindergarten/Kindergarten Its Semester Only Both Semesters Stemester Only And Semester Only Both Semesters Its Semester Only And Semester Only Both Semester Only Both Semester Only Adv Semester Only Adv Semester Only Both Semester Only Adv Semester Only Adv Semester Only Both Semester Only Adv Semester Only					OR:			
Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters	· ·	lease Pfifft)		☐ 1st Semester Only	☐ 2nd Semester Only	y Both Semesters		
Distance from home to nearest school (one way) Elementary 15.3		ress only):				y Both Semesters		
County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Distance from home to nearest school (one way) Elementary 15.3 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K							
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport or pn insured driver will transport the 2. In March and June, the District transported for the past semest 3. The payment shall be compute 4. This contract shall terminate at Elementary School District	ovide transportation for the students. Mileage contrac shall pay the parent the su er. d on the basis of the sched the end of the school year	County, hereinal estudent(s) to and from the school ts are valid only when transportal mofficially approved in the applicative established in Section 20-10 or when the student(s) is no long	after referred to as the District(s of or bus stop on the days when school is ation for the distance reported on the contrication upon certification by the teacher or 142, MCA, and the information accompanion.). in session. The parent or guard act actually occurs. principal of the school of the nurnying this contract.	dian assures that a licensed and mber of days the student(s) was		
		Chair, Board	of Trustees			Date		
			I attest that the above	e information is true and correct.				
I .	Signature - Parent or Guardian				1 -			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59		Due	e to School Clerk June 1				
Elementary District Responsible for	or Reimbursing the Con	tract	County	Legal Entity			
Troy Elem			Lincoln	0519			
High School or K-12 District Resp	onsible for Reimbursing	the Contract	County	Legal Entity			
Is this contract shared between □ yes □ no	en elementary and hi	gh school?	<u>'</u>				
Are you applying for isolation		□ No	Student Name	School Grade			
(If yes, please attach explanation) (ISOLATION: Section 20-10-142,	tion) MCA, provides for incre	eased reimbursement	Ctadonertamo	ender ender			
rates for special circumstances of increased rates, individual circumstrustees of the district, the county Public Instruction. (10.7.116 ARM	stances must be review transportation committe	ed and approved by the e, and the Office of	Student Name	School Grade			
Check here only if increased payn District Trustees and the County T	nent due to isolation has	s been approved by the	Student Name	School Grade			
Elem District Approval yes HS District Approval yes	Initials no no		Student Name	School Grade			
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (Pl	lease Print)			and Semester Only Both Semesters			
Stacy McNew Physical Address (street addr	ess only):		Pre-kindergarten/Kindergarter ☐ 1st Semester Only ☐ 2	n Ind Semester Only Both Semesters			
Distance from home to nearest school (one way) Elementary 4.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K T Total Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Distance from home to nearest bus stop, if any (one way) Elementary 4.5 HS 0 Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop							
insured driver will transport the s 2. In March and June, the District s transported for the past semeste 3. The payment shall be computed 4. This contract shall terminate at t Elementary School District Troy Elem	vide transportation for the students. Mileage contracts shall pay the parent the sum er. on the basis of the schedu he end of the school year of Chair, Board of	County, hereinafte student(s) to and from the school of are valid only when transportation officially approved in the applicate le established in Section 20-10-14 r when the student(s) is no longer of Trustees	n for the distance reported on the contract actua	on. The parent or guardian assures that a licensed and ally occurs. of the school of the number of days the student(s) was a contract.			
High School District	Chair, Board o	of Trustees		Date			
		I attest that the above in	nformation is true and correct.				
Signature - Parent or Guardian			Date)			

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO B	ox 202501 la, MT 59620			_	School Year 2005- 2 le to School Clerk Ji		
Elementary District Res			Contract		County		Legal Entity
							15.00
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Libby K-12 Scho					Lincoln		0522
Is this contract share ☐ yes ☐ no		•	id high scho	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation))	□ No	mhursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval	District Approval □ yes □ no strict Approval □ yes □ no					School	Grade
County Approval	y Approval					ACT IS FOR:	
Parent or Guardian I	or Guardian Name: (Please Print)					er Only	Only Doth Semesters
DeeAnn Rowe Physical Address (st	reet address	only):				en/Kindergarten er Only □ 2nd Semestei	r Only □ Both Semesters
Elementary 0 Distance from home Elementary 0 Contract is for or	Distance from home to nearest school (one way) Elementary 0				by this contraction or from Bus To or from Sch Kindergarten of To or from Bus To or from Sch Deadlines: PARENTS: Du CLERKS: Sen files. COUNTY SUP copy for your fi	days per week days per week days per week school-age students: ay, days per week days per we	
insured driver will tr 2. In March and June, transported for the payment shall I 4. This contract shall I	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the E or bus stop on the days wher on for the distance reported o attion upon certification by the	n school is in session. The parent or on the contract actually occurs. teacher or principal of the school of a accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was
Elementary School [District	Chair, Boa	ard of Truste	es 			Date
High School District Libby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Libby K-12 Sch	ools				Lincoln		0522		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac			□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circum increased rates, individuates of the district.	nstances of isola dual circumstand the county trans	ation of resident ces must be re- sportation com-	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10. Check here only if incr	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval					Student Name	School	Grade		
HS District Approval County Approval	District Approval				THIS CONTRACT IS F	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters		
Foote Andrew 8					Pre-kindergarten/Kinde				
Physical Address (s	street address	only):			 1st Semester Only KINDERGARTEN/PRE 		ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 27.6	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, les <u>without</u> other scho	days per week days per week ool-age students: days per week		
□ Contract is for o	ne-way only					times per day, _	days per week		
Students in Each Grade L	evel - Only include		e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	nool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board						EIMBURSEMENT Ratrict, county and OPI			
Correspondence									
Reg. Contingency					Reimb	oursement rate is determ 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20 10 142, 11071.			
A						trict access)			
Agreement between	і рагені (рагеі	пі паше)		County harris -	, and school district (dis fter referred to as the District(s)	, 	,		
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	I or bus stop on the days when school is i		dian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or	act actually occurs.			
	be computed on the				142, MCA, and the information accompar er enrolled in school, whichever occurs fire				
Elementary School			ard of Truste		2. 2.30.00 ii. conooi, whohever occurs iii		Date		
High School District Libby K-12 Schools		Chair, Boa	ard of Truste	es			Date		
			l attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

PO B	ox 202501 na, MT 59620			_	school Year 2009 e to School Clei				
Elementary District Res	sponsible for Re	eimbursing the	Contract		Count	y	·	Legal Entity	
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	ract	Count	у		Legal Entity	
Libby K-12 Scho	ools				Linc	oln		0522	
Is this contract share □ yes □ no	ed between el	ementary and	d high school	ol?					
Are you applying for (If yes, please attack ISOLATION: Section 2)	h explanation)		□ No	mhursement	Student Na	ame	School	Gra	ide
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	tion of residences must be revenued.	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Na	ame	School	Gra	ıde
	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					ame	School	Gra	ide
Elem District Approval yes no Initials HS District Approval yes no County Approval yes no					Student Na		School	Gra	ide
County Approval Parent or Guardian	no			Grades 1-1					
Parent or Guardian Name: (Please Print) Karen Warner					□ 1st Sem	nester Only	□ 2nd Semester Onl	y Both Semesters	
Physical Address (s	treet address	only):				garten/Kinder nester Only		y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 6.5 to nearest bu HS 0 ne-way only	is stop, if any	(one way)	is contract. 9-12 Total	Kindergar by this con To or from To or from Kindergar To or from To or from To or from Cheadling PARENTS CLERKS: files.	ten child ride ntract: Bus Stop School ten child ride Bus Stop School : Due to Sch Send origina SUPERINTEN our files. RE (For dist	times per day, times	days per weed da	ek ek ek ek
insured driver will to 2. In March and June, transported for the 3. The payment shall	vs: unsport or provide to an apport the studenthe bistrict shall past semester, be computed on the terminate at the er	rransportation for nts. Mileage cont nay the parent the ne basis of the school you	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as to or bus stop on the days on for the distance repo	when school is in rted on the contrary y the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and imber of days the student(s) was	
High School District		ŕ	rd of Truste					Date	
Libby K-12 Schools					information in true	and correct			
Signature - Parent or	Guardian		ı attes	t that the above	information is true	and correct.	Date		
-							1		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June	1	
Elementary District Re	sponsible for R	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Libby K-12 Scho	ools				Lincoln		0522
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying for	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isological circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	o receive oproved by the	Student Name	School	Grade
Check here only if incr	ncreased payment due to isolation has been approved by the d the County Transportation Committee.				Student Name	School	Grade
Elem District Approval		□ no			Student Name	School	Grade
	□ yes	□ no			THIS CONTRACT I	S FOR:	
Parent or Guardian	Name: (Pleas	se Print)				ly 2nd Semester Only	y Both Semesters
Pam Rhodes Physical Address (s	treet address	only):			Pre-kindergarten/Ki		= D # 0
1 Hysical Address (s	incer address	Orliy).				ly 2nd Semester Only PREKINDERGARTEN:	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 28 e to nearest by HS 13.5 ne-way only evel - Only include	us stop, if an	y (one way) De covered by th	9-12	by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School Deadlines: PARENTS: Due to	times per day,times per day,times per day,trides without other schooltimes per day,times per day,times per day,times per day,times per day,times per day,	days per week ol-age students: days per week days per week days per week
	Total	Total	Total	Total	CLERKS: Send ori files.	ginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERIN	ITENDENTS: Send origina	l to OPI by July 10, retain a
Room & Board					copy for your files.	REIMBURSEMENT RA	ATF
Correspondence					(For	district, county and OPI	
Reg. Contingency					Re	eimbursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, WCA.	
Agreement betweer	n parent (pare	nt name)			, and school district	(district name)	
(county name) The parties agree as folloo 1. The parent shall trainsured driver will t 2. In March and June transported for the 3. The payment shall	ws: ensport or provide transport the stude, the District shall past semester, be computed on t	transportation fo ents. Mileage cor pay the parent the	r the student(s) t htracts are valid of e sum officially a chedule establisl	County, hereinaf o and from the school only when transportation pproved in the applica ned in Section 20-10-1	ter referred to as the Distriction or bus stop on the days when schoon for the distance reported on the distance reported	ct(s). It is in session. The parent or guard contract actually occurs. For or principal of the school of the numer panying this contract.	
Elementary School			ard of Truste				Date
High School District Libby K-12 Schools		Chair, Boa	ard of Truste	es			Date
		1	I attes	t that the above	information is true and corr	ect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 20 e to School Cl			
Elementary District Re	esponsible for Re	eimbursing the	Contract		Cou	nty	<u> </u>	Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Conf	ract	Cou	nty		Legal Entity
Libby K-12 Sch					Lin	coln		0522
Is this contract shar ☐ yes ☐ no	red between e	lementary an	d high scho	ol?				
Are you applying fo	h explanation)	□ No		Student N	lame	School	Grade
rates for special circur increased rates, indivi- trustees of the district,	ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					lame	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Student N	lame	School	Grade
Elem District Approval	□ yes		tials		Student N	lame	School	Grade
HS District Approval County Approval	,	□ no □ no				NTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1 □ 1st Se		□ 2nd Semester Only	y Both Semesters
Rachael M. Pet		only):				rgarten/Kinder mester Only	garten □ 2nd Semester Only	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 7 e to nearest bu HS 0 ene-way only	us stop, if any	(one way)	s contract. 9-12 Total	Kinderga by this come to or from Kinderga To or from PARENT CLERKS files.	Inten child ride Inten child ride In Bus Stop In School Inten child ride Int	times per day,times per day, es without other schotimes per day, times per day, ool Clerk June 1. I to County Supt by July	days per week da
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) tracts are valid of a sum officially a hedule establishear or when the	only when transportation pproved in the application and in Section 20-10-10 student(s) is no longe	ter referred to as or bus stop on the da on for the distance rep tion upon certification 42, MCA, and the info	ys when school is in ported on the contra by the teacher or p	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	rd of Truste					Date
High School District Libby K-12 Schools		Chair, Boa	rd of Truste	es				Date
			l attes	t that the above i	nformation is tru	e and correct.		
Signature - Parent or	r Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2008 e to School Cler			
Elementary District Re	esponsible for Re	eimbursing the	Contract		Count	y	l	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	Count	у		Legal Entity
Libby K-12 Sch	ools				Linc	oln		0522
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Na	me	School	Grade
rates for special circur increased rates, indivi- trustees of the district,	ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					me	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Student Na	me	School	Grade
Elem District Approval	Elem District Approval yes no				Student Na	me	School	Grade
HS District Approval County Approval	,	□ no □ no				TRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-1 □ 1st Sem		□ 2nd Semester Onl	y Both Semesters
Randie Burch Physical Address (s	street address	only):				garten/Kinder ester Only	garten □ 2nd Semester Onl	y □ Both Semesters
					KINDERGA	ARTEN/PREI	KINDERGARTEN:	•
Distance from home Elementary 0 Distance from home Elementary 0	HS 23.6	·	•		by this cor To or from To or from Kindergart	ntract: Bus Stop School ten child ride	times per day, _ times per day, _ times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only						times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	Deadline PARENTS:	S: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans						SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy for yo	ur files.		into or roy only ro, rotain a
Room & Board							EIMBURSEMENT RA	
Correspondence Reg.								
Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Agreement between	n parent (pare	nt name)			, and schoo	ol district (dist	rict name)	
insured driver will 2. In March and June transported for the 3. The payment shall	ansport or provide transport the stude e, the District shall p e past semester. I be computed on t	nts. Mileage cor pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the application Section 20-10-1	on for the distance repor	when school is in ted on the contra y the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nul	ian assures that a licensed and mber of days the student(s) was
Elementary School	District	Chair, Boa	ard of Truste	es				Date
High School District Libby K-12 Schools		Chair, Boa	ard of Truste	es				Date
			l attes	t that the above	information is true	and correct.		
Signature - Parent or	Guardian	·					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 5962	20-2501		chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Responsible for F	Reimbursing the Contract		County	L	Legal Entity
High School or K-12 District Respons	sible for Reimbursing the Co	ontract	County		Legal Entity
Libby K-12 Schools			Lincoln		0522
Is this contract shared between € □ yes □ no	elementary and high sch	iool?			
Are you applying for isolation sta (If yes, please attach explanation	n)		Student Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of iso increased rates, individual circumstan trustees of the district, the county trail Public Instruction. (10.7.116 ARM pro	lation of residence. In orde nces must be reviewed and nsportation committee, and	r to receive approved by the	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran	it due to isolation has been	approved by the	Student Name	School	Grade
Elem District Approval ☐ yes	Initials □ no		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FO	OR:	
Parent or Guardian Name: (Plea	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Robert Plait Physical Address (street address	s only):		Pre-kindergarten/Kinder 1st Semester Only		y □ Both Semesters
			KINDERGARTEN/PRE		, = ===================================
Distance from home to nearest s Elementary 0 HS 10.2 Distance from home to nearest s Elementary 0 HS 0		·)	by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day,times per day,times per day,	days per week days per week days per week ool-age students: days per week days per week days per week
☐ Contract is for one-way only Students in Each Grade Level - Only include	e the students to be covered by	this contract	Deadlines:		
Pre-K	K 1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
Total	Total Total	Total	CLERKS: Send origina files.	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans			COUNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board				EIMBURSEMENT R	ATE
Correspondence				rict, county and OPI	
Reg.			 Reimh	ursement rate is deterr	mined by
Spec. Ed. Contin.				20-10-142, MCA.	
	, l				
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	.,,
(county name)		County, hereinaft	ter referred to as the District(s).		
			or bus stop on the days when school is ir		dian assures that a licensed and
In March and June, the District shall	ents. Mileage contracts are vali I pay the parent the sum officially	d only when transportation y approved in the applica	on for the distance reported on the contra tion upon certification by the teacher or p	ct actually occurs. rincipal of the school of the nu	mber of days the student(s) was
transported for the past semester. The payment shall be computed on	the basis of the schedule estable	ished in Section 20-10-1	42, MCA, and the information accompany	ying this contract.	
4. This contract shall terminate at the Elementary School District	end of the school year or when t Chair, Board of Trus		r enrolled in school, whichever occurs firs	SI.	Date
High School District Libby K-12 Schools	Chair, Board of Trus	tees			Date
	l atte	est that the above i	nformation is true and correct.		<u> </u>
Signature - Parent or Guardian				Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

_				
Co	nt	ra	∩t.	+

PO B	of Public Ins ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 Di	strict Responsi	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Lincoln County F	H S				Lincoln		0528		
Is this contract share ☐ yes ☐ no	ed between e	ementary an	d high school	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	□ No		Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name School Grade				
County Approval Parent or Guardian I		□ no e Print)			THIS CONTRACT IS FOR: Grades 1-12 1 1st Semester Only	2nd Semester Only	□ Both Semesters		
Karen Carpenter Physical Address (st		only):			Pre-kindergarten/Kindergar □ 1st Semester Only □	ten			
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le	HS 20 to nearest bu HS 4 ne-way only	us stop, if any	y (one way)	s contract. 9-12 Total	KINDERGARTEN/PREKIN Kindergarten child rides y by this contract: To or from Bus Stop To or from School Kindergarten child rides y To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original to files.	times per day, times per day, times per day, without other school times per day, times per day, times per day, Clerk June 1. County Supt by July	days per week days per week ol-age students: days per week days per week days per week		
Spec. Ed. Trans					copy for your files.				
Room & Board Correspondence						IBURSEMENT RA t, county and OPI (
Reg. Contingency Spec. Ed. Contin.					Reimburs	ement rate is determ 20-10-142, MCA.	ined by		
insured driver will tr 2. In March and June, transported for the p 3. The payment shall I	s: nsport or provide ansport the stude the District shall posts semester. be computed on the	transportation for nts. Mileage con pay the parent the parent the basis of the so	the student(s) to tracts are valid of e sum officially a	County, hereina o and from the schoo only when transportal pproved in the applicated in Section 20-10-	, and school district (district fter referred to as the District(s). If or bus stop on the days when school is in section for the distance reported on the contract aration upon certification by the teacher or princi	ssion. The parent or guardia ctually occurs. ipal of the school of the num			
Elementary School [ard of Truste		S. S		Date		
High School District Lincoln County H S		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					ate			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Signature - Parent or Guardi	an				Date				
		I attest	that the above i	information is true and correct					
High School District	Chair, Boa	rd of Trustee	es			Date			
Elementary School District Eureka Elem	Cnair, Boa	rd of Trustee	<u> </u>			Date			
(county name) The parties agree as follows: 1. The parent shall transport o insured driver will transport 2. In March and June, the Dist transported for the past sen 3. The payment shall be comp 4. This contract shall terminate	r provide transportation for the students. Mileage cont rict shall pay the parent the lester. uted on the basis of the scl e at the end of the school ye	the student(s) to racts are valid or sum officially ap nedule establishe ear or when the s	county, hereinaft and from the school nly when transportatic proved in the applicated and in Section 20-10-1 student(s) is no longe	, and school district (dister referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contrition upon certification by the teacher or 42, MCA, and the information accompa). in session. The parent or guard act actually occurs. principal of the school of the numering this contract.	ian assures that a licensed and mber of days the student(s) was			
Spec. Ed. Contin.				Kellili	20-10-142, MCA.				
Reg.				Doim	bursement rate is detern	nined by			
Correspondence					strict, county and OPI				
Room & Board					EIMBURSEMENT RA	ATE			
Spec. Ed. Trans				COUNTY SUPERINTE copy for your files.	NDENTS: Send origina	ıl to OPI by July 10, retain a			
Regular Trans	tai 10tai	IUIAI	TUIAI	files.	ai to County Supt by Jul	y 1, retain a copy for your			
<u></u>	e-K K	1-8 Total	9-12 Total	PARENTS: Due to Sc		v.1. rotain a complete versus			
☐ Contract is for one-way Students in Each Grade Level - On	•	e covered by this	contract	Deadlines:	unles per udy, _	days per week			
Distance from home to nea Elementary 0 HS 0		(one way)		To or from School Kindergarten child rice	times per day, _ les <u>without</u> other scho	days per week ol-age students: days per week days per week			
Distance from home to nea Elementary 4.3	arest school (one wa	y)		by this contract: To or from Bus Stop_	times per day,	age students also covered days per week			
Physical Address (street a	ddress only):				☐ 2nd Semester Only	y Both Semesters			
Carrie Vandeburg				 1st Semester Only Pre-kindergarten/Kinde 		y = Bour composition			
	dunty Approval					y Both Semesters			
HS District Approval ☐ ye	S District Approval				OR:	3.430			
District Trustees and the Cour					School	Grade			
Public Instruction. (10.7.116 A Check here only if increased p	, ,	,	proved by the	Student Name	School	Grade			
rates for special circumstance: increased rates, individual circ trustees of the district, the cou	s of isolation of resident umstances must be reventy transportation comm	ce. In order to riewed and app nittee, and the	receive proved by the	Student Name	School	Grade			
Are you applying for isolati (If yes, please attach explains) ISOLATION: Section 20-10-1	nation)	□ No	bursement	Student Name	School	Grade			
□ yes □ no	•	-	11						
Is this contract shared between	voon alamentary an	d high soboo	12						
High School or K-12 District R	esponsible for Reimbur	sing the Contr	act	County		Legal Entity			
Eureka Elem	ie ioi Reillibursing the	Contract		Lincoln		0527			
Elementary District Responsib		Contract		County		Legal Entity			
PO Box 202	2501 59620-2501	Due to School Clerk June 1							

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 a, MT 59620	-2501		Du	e to Schoo	Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity	
Eureka Elem						Lincoln		0527	
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	d between ele	ementary ar	nd high school	ol?	<u> </u>				
Are you applying for i			□ No		Stude	ent Name	School	Gr	ade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0.00		3333.	G.	
rates for special circums increased rates, individu trustees of the district, th Public Instruction, (10.7	al circumstanc ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Gr	ade
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Student Name School				
Elem District Approval						ent Name	School	Gr	ade
		no				CONTRACT IS FO es 1-12	<u>DR:</u>		
Parent or Guardian N	e Print)			☐ 1s	t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	3	
Charie Carvey Physical Address (street address only):						indergarten/Kinderg t Semester Only	garten □ 2nd Semester Only	/ □ Both Semesters	3
Distance from home to nearest school (one way) Elementary 7 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.					Kindo by the To or To or To or To or To or PARI	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE (For dist	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per we days p	eek eek eek eek
insured driver will tra In March and June, the transported for the pa The payment shall be This contract shall te Elementary School D	: sport or provide t nsport the studer he District shall p ast semester. e computed on th rminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on the distantation upon certification.	o as the District(s). ne days when school is in the reported on the contract	incipal of the school of the nur ing this contract.	an assures that a licensed an	
Eureka Elem High School District		Chair, Boa	air, Board of Trustees Date						
			1 44	41-441-		- t			
Signature - Parent or G	Juardian		I attest	tnat the above i	information i	s true and correct.	Date		
Signature - Parent or G	uaiuiali						Dale		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620	0-2501	Due to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Cont	ract	County		Legal Entity		
Eureka Elem			Lincoln		0527		
High School or K-12 District Responsi	ble for Reimbursing	the Contract	County		Legal Entity		
Is this contract shared between e □ yes □ no	lementary and hig	gh school?					
Are you applying for isolation stat		No	Student Name	School	Grade		
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC.	A, provides for incre			3311331	- Crado		
rates for special circumstances of isola increased rates, individual circumstan trustees of the district, the county tran	ces must be reviewe sportation committed	ed and approved by the e, and the Office of	Student Name	School	Grade		
Public Instruction. (10.7.116 ARM pro	Ţ.	,	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	sportation Committe						
	□ no		Student Name	School	Grade		
	□ no	_	THIS CONTRACT IS FO	DR:			
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Cheryl Sakahara			Pre-kindergarten/Kinder	narten			
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters		
			KINDERGARTEN/PREI	KINDERGARTEN:			
Distance from home to nearest so Elementary 10 HS 0	chool (one way)		by this contract:		ge students also covered days per week		
Distance from home to nearest be Elementary .5 HS 0	us stop, if any (on	e way)	To or from School Kindergarten child ride	times per day, _ es without other schoo	days per week ol-age students: days per week days per week days per week		
□ Contract is for one-way only			To or from School	times per day, _	days per week		
Students in Each Grade Level - Only include	the students to be cov	ered by this contract.	Deadlines:				
Pre-K		1-8 9-12	PARENTS: Due to Sch	ool Clerk June 1.			
Total	Total T	otal Total	CLERKS : Send origina files.	to County Supt by July	/ 1, retain a copy for your		
Regular Trans				IDENTS: Sond origina	I to OPI by July 10, retain a		
Spec. Ed. Trans			copy for your files.	DENTS. Send original	Tto Of T by July To, Tetalit a		
Room & Board				EIMBURSEMENT RA			
Correspondence			(For dist	rict, county and OPI	use only)		
Reg.			_				
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	······································		
(county name) The parties agree as follows:		County, hereina	after referred to as the District(s).				
 The parent shall transport or provide 			ol or bus stop on the days when school is in tion for the distance reported on the contra		ian assures that a licensed and		
In March and June, the District shall transported for the past semester.	pay the parent the sum	officially approved in the appli	cation upon certification by the teacher or p	rincipal of the school of the nun	nber of days the student(s) was		
 This contract shall terminate at the e 	nd of the school year or	when the student(s) is no long	-142, MCA, and the information accompany ger enrolled in school, whichever occurs first				
Elementary School District Eureka Elem	Chair, Board o	t Trustees			Date		
High School District	Chair, Board o	f Trustees			Date		
		I attest that the above	information is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Res	ponsible for Re	imbursing the	Contract		С	ounty	<u> </u>	Legal Entity
Eureka Elem					1	incoln		0527
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		ounty		Legal Entity
Is this contract share □ yes □ no	d between el	ementary ar	nd high schoo	ol?	<u>'</u>			
Are you applying for i			□ No		Studen	t Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0.000		3033	5.445
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	stances of isola lal circumstand ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Studen	t Name	School	Grade
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Studen	t Name	School	Grade
	□ yes □	no	itials			t Name	School	Grade
County Approval Parent or Guardian N		no			Grades	CONTRACT IS FO 3 1-12	<u>)R:</u>	
		e Fillit)			□ 1st :	Semester Only	☐ 2nd Semester Only	y Both Semesters
Fredrick D. Haze Physical Address (str		only):				dergarten/Kinder Semester Only		y Both Semesters
Distance from home Elementary 31 Distance from home Elementary 1 Contract is for one Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	is stop, if an	y (one way) be covered by this Total	9-12 Total	Kinder by this To or fi To or fi Kinder To or fi To or fi PAREN CLERN files. COUN copy fo	garten child ride contract: rom Bus Stop garten child ride rom Bus Stop garten child ride rom School lines: NTS: Due to Sch CS: Send origina TY SUPERINTEN or your files. RE (For dist	times per day,times per day,times per day, es without other schotimes per day, times per day,	days per week da
insured driver will tra 2. In March and June, t transported for the p. 3. The payment shall b 4. This contract shall te Elementary School D	s: sport or provide t insport the studer he District shaller past semester. e computed on the eminate at the en	ct actually occurs. rincipal of the school of the nui ving this contract.	ian assures that a licensed and mber of days the student(s) was					
Eureka Elem High School District		Chair, Boa	ard of Trustee	es				Date
			1	M4 W				
Signature - Parent or G	Suardian		I attest	tnat the above i	intormation is	true and correct.	Date	
Signature - Parent or G	oudi Widii						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Eureka Elem						Lincoln		0527
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>			
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	, provides for	increased rein	nbursement	0.000		3 5.1.55.	0.000
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			ent Name	School	Grade
		no				CONTRACT IS FO es 1-12	<u> </u>	
Parent or Guardian I	Name. (Pleasi	e Pilili)			□ 1s	t Semester Only	□ 2nd Semester Only	y Both Semesters
James & Lisa Th Physical Address (st		only):				indergarten/Kinder t Semester Only		y Both Semesters
Distance from home Elementary 4 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 se-way only	s stop, if an	y (one way) De covered by this Total	9-12 Total	Kindo by th To or To or Kindo To or To or PARI CLEF files. COU copy	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE (For dist	times per day,times per day,	days per week da
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred to or bus stop on the on for the distantation upon certification.	o as the District(s). ne days when school is in the reported on the contract	ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	l attest	that the above	information i	s true and correct.		
Signature - Parent or	Guardian		1 alicol	at the above	omation i	s and direct.	Date	
-								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620)-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	e Contract		С	county		Legal Entity
	•	J				-		
Eureka Elem High School or K-12 D	istrict Responsil	ble for Reimbu	ursing the Con	tract		incoln county		0527 Legal Entity
Ü	·		J			•		
				10				
Is this contract share □ yes □ no	ed between el	lementary ar	nd high scho	ol?				
Are you applying for	r isolation stat	us? □ Yes	□ No		04	4 NI	Ochoci	Overla
(If yes, please attac	h explanation))			Studen	t Name	School	Grade
ISOLATION: Section rates for special circum	nstances of isola	ation of reside	nce. In order t	to receive	<u> </u>	4 NI	Ochool	
increased rates, individe trustees of the district,					Studen	t Name	School	Grade
Public Instruction. (10.					Chidan	4 Name	Cahaal	Crada
Check here only if incr				oproved by the	Studen	t Name	School	Grade
District Trustees and th	ne County Trans		nmittee. iitials		04	4.01	Ochoci	
Elem District Approval HS District Approval		□ no □ no			Studen	t Name	School	Grade
County Approval	•	no				CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st \$		☐ 2nd Semester Onl	ly ☐ Both Semesters
Jerry Belstad						,		,
Physical Address (s	treet address	only):				idergarten/Kinde Semester Onlv	rgarten 2nd Semester Onl	ly ☐ Both Semesters
						,		, = ===================================
					KINDE Kinder	garten child rid	<u>:KINDERGARTEN</u> : les with other school-	age students also covered
Distance from home Elementary 8	to nearest so HS 0	chool (one w	ay)		by this	contract:		
Elementary 6	по 0				To or fi	rom Bus Stop rom School	times per day, _ times per day	days per week days per week
Distance from home Elementary 0	to nearest but HS 0	us stop, if an	y (one way)		Kinder	garten child rid	les <u>without</u> other scho	ool-age students:
•					To or fi	rom Bus Stop rom School	times per day, _ times per day.	days per week days per week
☐ Contract is for o	ne-way only							
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Dead	<u>lines:</u> NTS: Due to Sci	nool Clerk June 1.	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLERI files.	(S: Send original	al to County Supt by Jul	ly 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						TY SUPERINTE or your files.	NDENTS: Send origina	al to OPI by July 10, retain a
·					оору по			
Room & Board							EIMBURSEMENT R. strict, county and OPI	, <u> </u>
Correspondence						(i oi dis	and Or i	use offig)
Reg.								
Contingency						Reimb	oursement rate is determ 20-10-142, MCA.	mined by
Spec. Ed. Contin.								
Agreement betweer	n parent (pare	nt name)			and so	chool district (dis	trict name)	,
, ig. comon zomes.	. pa. o (pa. o.)						· · · · · · · · · · · · · · · · · · ·
(county name) The parties agree as follow	vs:			County, hereinaff	ter referred to	as the District(s).	
 The parent shall tra 	ansport or provide			o and from the school only when transportation				dian assures that a licensed and
	, the District shall p							imber of days the student(s) was
The payment shall	be computed on the	he basis of the s	chedule establish	hed in Section 20-10-1 student(s) is no longe	42, MCA, and the	information accompar	nying this contract. rst.	
Elementary School			ard of Truste		. 22.700			Date
Eureka Elem High School District		Chair Bo	ard of Truste	ees				Date
g Sonor Blothot		J.Idir, DO	5 51 114510					
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	·	Legal Entity
Eureka Elem						Lincoln		0527
High School or K-12 D	istrict Responsit	ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary and	high school	ol?				
Are you applying fo (If yes, please attac	h explanation))	□ No		Stud	lent Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residenc ces must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	lent Name	School	Grade
Check here only if incr District Trustees and to	eased payment	due to isolation	has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval	□ yes	Initia □ no	als		Stud	lent Name	School	Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly Both Semesters
Jerry Tempel						kindergarten/Kinder		
Physical Address (s	treet address	oniy):				·		nly Both Semesters
Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took Took PAR CLE	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files. RECTS: RECTS	times per day, times per day, times per day, es without other sch times per day, times per day.	days per week days per week uly 1, retain a copy for your all to OPI by July 10, retain a
Agreement between parent (parent name)								
			I attes	that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School C	erk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Cou	inty	-	Legal Entity	
Eureka Elem					Lir	icoln		0527	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	tract	Cou	inty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for (If yes, please attach			□ No		Student I	Name	School		Grade
ISOLATION: Section 2 rates for special circum	20-10-142, MCA	, provides for							
increased rates, individ trustees of the district,	ual circumstand	es must be re	viewed and ap	oproved by the	Student I	Name	School		Grade
Public Instruction. (10.7				e Office of	Student	Nama	Cahaal		Crada
Check here only if incre District Trustees and th				proved by the	Student	vame	School		Grade
Elem District Approval	Ť		itials		Student I	Name	School		Grade
HS District Approval County Approval		no no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian					Grades 1	-12 emester Only	 ☐ 2nd Semester Only	v □ Both Se	emesters
Julie Workman						•	•	,	
Physical Address (st	treet address	only):				ergarten/Kinder emester Only	□ 2nd Semester Only	y 🗆 Both Se	mesters
					KINDER	GARTEN/PREI	KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)		Kinderg		es <u>with</u> other school-a	age students a	Iso covered
Elementary 4	HS 0				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kinderga To or fro	arten child riden Bus Stop	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	<u>Deadli</u>		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						' SUPERINTEN your files.	NDENTS: Send origina	ıl to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and sch	ool district (dist	rict name)		,
(county name) The parties agree as follow	ic.			County, hereina	fter referred to a	s the District(s).			
The parent shall tra insured driver will tr	nsport or provide to ansport the studer	nts. Mileage cor	ntracts are valid of	only when transportat	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.		
In March and June, transported for the page 1.	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applic	ation upon certification	by the teacher or p	rincipal of the school of the nur	mber of days the stu	ident(s) was
 This contract shall t 	terminate at the er	d of the school	year or when the	student(s) is no long	142, MCA, and the inf er enrolled in school,			Data	
Elementary School I	וטוווטו	,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tru	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Res	sponsible for Re	imbursing the	Contract		Co	unty		Legal Entity	
Eureka Elem					Li	ncoln		0527	
High School or K-12 Di	strict Responsit	ole for Reimbu	ırsing the Cont	ract		unty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u> </u>				
Are you applying for			□ No		Student	Name	School	Gra	ade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	0.000		33.133.	5.5	
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap nmittee, and the	o receive proved by the	Student	Name	School	Gra	ade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student	Name	School	Gra	ade
Elem District Approval HS District Approval		In no	itials		Student		School	Gra	ade
		no			THIS CO Grades	<u>ONTRACT IS FO</u> 1-12	<u>DR:</u>		
Parent or Guardian I	vame: (Pleas	e Print)			☐ 1st S	emester Only	□ 2nd Semester Only	y □ Both Semesters	
Mary Wilson Physical Address (st	reet address	only):				lergarten/Kinder emester Only		y Both Semesters	
Distance from home Elementary 8 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way) be covered by thi 1-8 Total	9-12 Total	Kinderg by this To or fro To or fro Kinderg To or fro To or fro PAREN CLERK files. COUNT copy for	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School ines: TS: Due to Sch S: Send origina Y SUPERINTEN your files. RE (For dist	times per day,times per day,times per day, es without other schotimes per day, times per day, times per day, tool Clerk June 1. I to County Supt by July IDENTS: Send original EIMBURSEMENT RA rict, county and OPI ursement rate is determ 20-10-142, MCA.	days per we days p	ek ek ek ek
Agreement between parent (parent name)									
Eureka Elem High School District		Chair, Boa	ard of Trustee	es				Date	
			l attect	that the above	information is t	ue and correct			
Signature - Parent or	Guardian		1 411051	a. the above	mormation is the	ac and contcol.	Date		
J									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity			
Eureka Elem						Lincoln		0527			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	ent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade		
Public Instruction. (10.	·	J	,		Stud	ent Name	School		Grade		
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the							
Elem District Approval		no	tials		Stud	ent Name	School		Grade		
HS District Approval County Approval		□ no				CONTRACT IS FO	DR:				
Parent or Guardian	Name: (Pleas	e Print)				les 1-12 st Semester Only	☐ 2nd Semester Only	y □ Both Sei	mesters		
Nancy Haugen					Pre-	kindergarten/Kinder	narten				
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Sei	mesters		
						DERGARTEN/PRE					
Distance from home Elementary 27	to nearest so	hool (one wa	ay)		by ti	nis contract:	es <u>with</u> other school-a times per dav.	_			
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kind	lergarten child ride	times per day, _ times per day, _ es <u>without</u> other scho times per day, _	ol-age student	s:		
□ Contract is for o	ne-way only				To o	r from School	times per day, _	days	per week		
Students in Each Grade Le	• •	the students to t	ne covered by thi	s contract.	Dea	idlines:					
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.				
De suden Trene	Total	Total	Total	Total	CLE files.		: Send original to County Supt by July 1, retain a copy for ye				
Regular Trans Spec. Ed. Trans						INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10, retain a		
Room & Board						RF	IMBURSEMENT RA	ATF			
Correspondence							rict, county and OPI				
_ '											
Reg. Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by			
Spec. Ed. Contin.							20-10-142, WCA.				
Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)		,		
(county name)			(County, hereina	after referred	to as the District(s).					
The parties agree as follow 1. The parent shall tra	ansport or provide t						session. The parent or guard	lian assures that a lic	ensed and		
In March and June	, the District shall p					ice reported on the contractication by the teacher or p	ct actually occurs. rincipal of the school of the nui	mber of days the stud	dent(s) was		
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10	-142, MCA, and t	he information accompany	ring this contract.				
Elementary School			ard of Truste		gor crirolled III SC	iooi, windiever occurs IIIS		Date			
Eureka Elem High School District		Chair, Boa	ard of Truste	es				Date			
			1 11	1.414.41- 1	info						
Signature - Parent or	Guardian		I attes	t that the above	Information	is true and correct.	Date				
orginature - Farent Of	Guaruian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT :			Du	e to School Cler	k June 1			
Elementary District Responsible	for Reimbursing the	Contract		Count	y		Legal Entity	
Eureka Elem				Lince	oln		0527	
High School or K-12 District Res	sponsible for Reimbu	rsing the Cont	ract	Count			Legal Entity	
Is this contract shared between □ yes □ no	een elementary ar	nd high school	ol?					
Are you applying for isolation		□ No		Student Na	me	School		Grade
(If yes, please attach explan ISOLATION: Section 20-10-142	2, MCA, provides for							
rates for special circumstances of increased rates, individual circumstances.	mstances must be re	viewed and ap	proved by the	Student Na	me	School		Grade
trustees of the district, the count Public Instruction. (10.7.116 AR			e Office of					
Check here only if increased pay	yment due to isolation	n has been ap	proved by the	Student Na	me	School		Grade
District Trustees and the County		nmittee. itials		Ot deat Ne		Ochool		0
Elem District Approval	□ no			Student Na	me	School		Grade
County Approval	□ no			THIS CON Grades 1-1	TRACT IS FOR: 2			
Parent or Guardian Name: (Please Print)			☐ 1st Sem	_	2nd Semester Only	y 🛛 Both Se	mesters
Nicki Murphy Physical Address (street add	duana anti-A				arten/Kindergar			
Physical Address (street add	aress only):			□ 1st Sem	ester Only	2nd Semester Only	y □ Both Se	mesters
					ARTEN/PREKIN	IDERGARTEN: with other school-a	ago etudonte a	ulso covered
Distance from home to near		ay)		by this cor	ntract:		_	
Elementary 5 HS				To or from To or from	Bus Stop School	times per day, _ times per day,	day: day:	s per week s per week
Distance from home to near Elementary 0 HS 0	est bus stop, if an	y (one way)		Kindergart	en child rides y	times per day, _ without other scho	ol-age studen	ts:
•	anly			To or from	School	times per day, _ times per day, _	day	s per week
☐ Contract is for one-way of Students in Each Grade Level - Only	•	ne covered by thi	s contract.	Deadline	es:			
Pre-		1-8	9-12		Due to School	Clerk June 1.		
Tota		Total	Total		Send original to	County Supt by July	y 1, retain a co	py for your
Regular Trans				files.				
Spec. Ed. Trans				COUNTY S copy for yo		ENTS: Send origina	al to OPI by July	y 10, retain a
Room & Board					REIN	IBURSEMENT RA	ATE	
Correspondence					(For district	t, county and OPI	use only)	
Reg.								
Contingency						ement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.						20-10-142, IVIOA.		
Agreement between parent	(parent name)			, and schoo	I district (district	name)		,
(county name)		(County, hereinaf	ter referred to as t	ne District(s).			
The parties agree as follows: 1. The parent shall transport or p	provide transportation fo	the student(s) to	o and from the school	or bus stop on the days	when school is in ses	ssion. The parent or guard	lian assures that a li	censed and
insured driver will transport the 2. In March and June, the Distric							mber of days the stu	udent(s) was
transported for the past semes 3. The payment shall be comput	ster. ed on the basis of the s	chedule establish	ed in Section 20-10-1	42, MCA, and the inform	nation accompanying		-	
4. This contract shall terminate a Elementary School District		year or when the ard of Truste		er enrolled in school, whi	chever occurs first.		Date	
Eureka Elem High School District	,	ard of Truste					Date	
riigii odilodi Distilot	Cilali, Du	and on Truste					Date	
		I attes	t that the above	information is true				
Signature - Parent or Guardia	n				D	ate		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

increased rates, individual circumstance	es must be reviewed and a	pproved by the	Student Name	School	Grade			
	tion of residence. In order to ses must be reviewed and a	to receive pproved by the	Student Name	School	Grade			
trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov		le Office of	Student Name	School	Grade			
Check here only if increased payment of District Trustees and the County Trans	portation Committee.	oproved by the	Student Name	OCHOOL	Orace			
	Initials □ no		Student Name	School	Grade			
	□ no □ no		THIS CONTRACT IS FO	OR:				
Parent or Guardian Name: (Please	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Or	nly Both Semesters			
Pamela Rackley			Pre-kindergarten/Kinder	raarten				
Physical Address (street address	only):		☐ 1st Semester Only	☐ 2nd Semester Or	nly Both Semesters			
			KINDERGARTEN/PRE	KINDERGARTEN:				
Distance from home to nearest so	hool (one way)		Kindergarten child ride by this contract:	es <u>with</u> other school	-age students also covered			
Elementary 6 HS 0	, ,,,		To or from Bus Stop	times per day,	days per week			
Distance from home to nearest bu Elementary 0 HS 0	s stop, if any (one way)		To or from School Kindergarten child ride	times per day, es <u>without</u> other sch	days per week			
□ Contract is for one-way only			To or from School	times per day,	days per week			
Students in Each Grade Level - Only include	the students to be covered by the	nis contract.	Deadlines:					
Pre-K	K 1-8	9-12	PARENTS: Due to Sch	iool Clerk June 1.				
Total	Total Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans			COUNTY SUPERINTE	NDENTS: Send origin	nal to OPI by July 10, retain a			
Spec. Ed. Trans			copy for your files.					
Room & Board				EIMBURSEMENT F trict, county and OP	· · · =			
Correspondence			(i oi dis	and, county and Or	ruse only)			
Reg. Contingency			Reimb	ursement rate is deter	rmined by			
Spec. Ed. Contin.				20-10-142, MCA.	,			
Spool 24: 33:11								
Agreement between parent (parer	nt name)		, and school district (dist	rict name)				
(county name)		County, hereinaf	ter referred to as the District(s)					
			or bus stop on the days when school is in		rdian assures that a licensed and			
In March and June, the District shall p			on for the distance reported on the contra tion upon certification by the teacher or p		number of days the student(s) was			
			42, MCA, and the information accompan					
4. This contract shall terminate at the en Elementary School District	d of the school year or when the Chair, Board of Truste		er enrolled in school, whichever occurs fin	st.	Date			
Eureka Elem	,							
High School District	Chair, Board of Truste	ees 			Date			
	Lattos	t that the above	information is true and correct.		•			
	1 alles	st that the above	mormation is true and comect.					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty		Legal Entity
Eureka Elem					Li	incoln		0527
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		ounty		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying fo			□ No		Student	Name	School	Grade
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			Oludoni	. ramo	Contool	Clado
rates for special circum increased rates, individ	dual circumstand	ces must be re	viewed and a	oproved by the	Student	Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr District Trustees and the				pproved by the	Student	: Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student	Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS C	ONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Ron Glover						dergarten/Kinder	•	
Physical Address (s	treet address	only):						/ □ Both Semesters
					KINDE	RGARTEN/PREI	KINDERGARTEN:	
Distance from home		hool (one wa	ay)		by this	contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered
Elementary 29	HS 0				To or fro	om Bus Stop om School	times per day, _	days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if any	(one way)		Kinder To or fro	garten child ride	es <u>without</u> other school times per day, _	days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				lo or fro	om School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadl</u>		ool Clerk June 1.	
	Pre-K	K	1-8 Tatal	9-12 Tatal				
	Total	Total	Total	Total	files.	. s: Send origina	i to County Supt by July	/ 1, retain a copy for your
Regular Trans					COUNT	Y SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for	r your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(FOI GIST	rict, county and OPI	use offiy)
Reg.						Reimb	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
A groom ont botus or	naront (naro	at nama)			and an	haal district (dist	rict name)	
Agreement betweer	трагені (рагеі	nt name)						······································
(county name) The parties agree as follow				County, hereinaf		, ,		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance r	eported on the contra	ct actually occurs.	an assures that a licensed and nber of days the student(s) was
transported for the	past semester.			ned in Section 20-10-1				inder or days the studerit(s) was
	terminate at the er	nd of the school y		student(s) is no longe				Date
Eureka Elem High School District		,	ard of Truste					Date
riigii School District		Oriali, DUa	ii oi iiusle					Date
			I attes	t that the above i	information is t	rue and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity			
Eureka Elem						Lincoln		0527			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.	·	J	,		Student Name School Grad						
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the							
Elem District Approval		no	tials		Stud	dent Name	School		Grade		
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters		
Sara Sherwood					Pre	kindergarten/Kinder	narten	•			
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y □ Both Se	mesters		
						DERGARTEN/PRE					
Distance from home Elementary 6	to nearest so	hool (one wa	ay)		bv t	his contract:	es with other school-a	_			
Distance from home	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:		
Elementary 0	HS 0				To o	or from Bus Stop or from School	times per day, _ times per day, _	days	s per week s per week		
□ Contract is for o	• •	the etudente te l	a accorded by the	in contract		adlines:		•			
Students in Each Grade Le				,		RENTS: Due to Scho	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		: Send original to County Supt by July 1, retain a copy for yo				
Regular Trans					COI	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/10 retain a		
Spec. Ed. Trans						for your files.	DENTO: Ocha ongme	in to Or 1 by oury	io, icialii a		
Room & Board							IMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.											
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by			
Spec. Ed. Contin.											
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		······································		
(county name)				County, hereina	after referred	to as the District(s).					
	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lid	censed and		
	, the District shall p						rincipal of the school of the nu	mber of days the stu	dent(s) was		
The payment shall	be computed on th	e basis of the so	chedule establish vear or when the	ned in Section 20-10 student(s) is no long	l-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.				
Elementary School Eureka Elem	District	Chair, Boa	ard of Truste	es				Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			l attes	t that the above	e information	is true and correct.					
Signature - Parent or	Guardian		. 41.00				Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the (Contract			County		Legal Entity	
Eureka Elem						Lincoln		0527	
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no			Stud	dent Name	School	Grade	
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	lly □ Both Semesters	
Susie Johnson Physical Address (s	troot address	only):				kindergarten/Kinder			
1 Hysical Address (s	illeet address	Offig).				•		lly Both Semesters	
Distance from home to nearest school (one way) Elementary 8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0						his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, s without other scho times per day,	days per week days per week days per week ool-age students: days per week days per week days per week	
Students in Each Grade Lo	, ,	the students to be	a accorded by thi	a contract	De	adlines:			
Students in Lacif Grade Li				-	PAF	RENTS: Due to Scho	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		to County Supt by Ju	ıly 1, retain a copy for your	
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.			
Room & Board							IMBURSEMENT R		
Correspondence						(, , , , , , ,	,,	, , , , , , , , , , , , , , , , , , , ,	
Reg. Contingency						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20-10-142, MOA.		
Agreement betweer	n parent (parer	nt name)				d school district (distr	rict name)	,	
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr ay the parent the	the student(s) to racts are valid of sum officially a	o and from the school only when transportati pproved in the applica	or bus stop on on for the dista ation upon certi	nce reported on the contract	ct actually occurs. rincipal of the school of the no	rdian assures that a licensed and umber of days the student(s) was	
 This contract shall 	terminate at the en	d of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs firs		Date	
Elementary School Eureka Elem		,	rd of Truste					Date	
High School District	<u>. </u>	Chair, Boar	nair, Board of Trustees Date						
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School C	lerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract		Со	unty		Legal Entity		
Eureka Elem					Liı	ncoln		0527		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	Со	unty		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for			□ No		Student	Name	School		Grade	
(If yes, please attach ISOLATION: Section 2	20-10-142, MCA	, provides for								
rates for special circum increased rates, individ	es must be re	viewed and a	oproved by the	Student	Name	School		Grade		
trustees of the district, Public Instruction. (10.7)			е Опісе от							
Check here only if incre District Trustees and th			proved by the	Student	Name	School		Grade		
Elem District Approval		itials		Student	Name	School		Grade		
HS District Approval County Approval		no no			THIS CONTRACT IS FOR:					
Parent or Guardian					Grades □ 1st S	1-12 emester Only	 □ 2nd Semester Onl	v □ Both Se	emesters	
Wanda D. Ard						ergarten/Kinder		,		
Physical Address (st	treet address	only):					2nd Semester Only	y 🛘 Both Se	mesters	
					KINDER	GARTEN/PREI	KINDERGARTEN:			
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es <u>with</u> other school-a	age students a	ilso covered	
Elementary 8.5	HS 0				To or fro	m Bus Stop	times per day, _	day	s per week	
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kinderg To or fro	arten child ride	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week	
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by Jul	y 1, retain a co	py for your	
Regular Trans					files.					
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by Jul	y 10, retain a	
Room & Board						RE	EIMBURSEMENT RA	ATE		
Correspondence							rict, county and OPI			
Reg.						_				
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							·			
Agreement between	parent (parer	nt name)			, and sch	nool district (dist	rict name)		,	
(county name) The parties agree as follow	/c·			County, hereina	fter referred to a	s the District(s).				
The parent shall tra insured driver will tr	nsport or provide to ansport the studer	nts. Mileage cor	ntracts are valid of	only when transportat	ion for the distance re	eported on the contra	session. The parent or guard ct actually occurs.			
transported for the	past semester.						rincipal of the school of the nur	mber of days the stu	ıdent(s) was	
	terminate at the er	d of the school		ned in Section 20-10- student(s) is no long				Date		
Eureka Elem	J.601101	,								
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information is tr	ue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Cle	rk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Coun	ty		Legal Entity
Sylvanite Elem					Lino	roln		0532
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	Coun			Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Student Na	ame	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Oldden 140	amo	Concor	Ciudo
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Na	ame	School	Grade
Public Instruction. (10.					Student Na	ame	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the	Oldden Ne	ame	CONOCI	Grade
Elem District Approval	•	□ no	tials ———		Student Na	ame	School	Grade
HS District Approval County Approval		□ no □ no				TRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-¹ □ 1st Sen	12 nester Only	□ 2nd Semester Only	/ □ Both Semesters
Rebecca Smith					Pre-kinder	garten/Kinder	narten	
Physical Address (s	treet address	only):					2nd Semester Only	/ □ Both Semesters
							KINDERGARTEN:	
Distance from home Elementary 6.4	e to nearest so	hool (one wa	ay)		by this co	ntract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered days per week
Distance from home	e to nearest bu HS 0	ıs stop, if any	(one way)		To or from Kindergar	School ten child ride	times per day, _ es without other schoo	days per week ol-age students:
Elementary 0					To or from To or from	Bus Stop School	times per day, _ times per day, _	days per week days per week
☐ Contract is for o	, ,	41444- I-			Deadlin			• •
Students in Each Grade Lo							ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: files.	Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans						CUDEDINTEN	IDENTS: Cond origina	I to ODI by July 40 matein a
Spec. Ed. Trans					copy for yo		IDENTS: Send ongina	I to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimb	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (parei	nt name)			, and school	ol district (dist	rict name)	,,
(county name) The parties agree as follow	vs:			County, hereinaft	ter referred to as	the District(s).		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance repo	rted on the contra	ct actually occurs.	an assures that a licensed and
transported for the	past semester.							nber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe	42, MCA, and the information of			Dete
Elementary School Sylvanite Elem		Chair, Boa	rd of Truste	ees				Date
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	nformation is true	and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Res	ponsible for Re	imbursing the	Contract		(County	<u> </u>	Legal Entity		
Yaak Elem					ı	_incoln		0533		
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>					
Are you applying for			□ No		Studer	nt Name	School	Grad	_	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement			0011001	0.00		
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola lal circumstand ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	proved by the	Studer	nt Name	School	Grad	- e	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						Student Name School				
Elem District Approval HS District Approval	□ yes □		itials			nt Name	School	Grad	ie	
		no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian N	iame: (Pleas	e Print)			□ 1st	Semester Only	☐ 2nd Semester Only	y □ Both Semesters		
Devin & Nicole C Physical Address (str	only):				ndergarten/Kinder Semester Only		y			
Distance from home Elementary 3 Distance from home Elementary 0 Contract is for on Students in Each Grade Levent Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only rel - Only include Pre-K Total	the students to the Students t	y (one way) De covered by this Total	Kinde by this To or f To or f Kinde To or f To or f To or f Coun Copy fo	rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop from School from School Illines: NTS: Due to Scho KS: Send original TY SUPERINTEN or your files. RE (For dist	times per day,times per day,times per day, swithout other schotimes per day, times per day, times per day, tool Clerk June 1. to County Supt by July IDENTS: Send original IMBURSEMENT RA rict, county and OPI ursement rate is detern 20-10-142, MCA.	days per wee days	ek ek ek ek		
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b 4. This contract shall te	s: sport or provide t insport the studer he District shall past semester. e computed on the eminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft o and from the school nly when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred to or bus stop on the on for the distance ation upon certifica 42, MCA, and the	as the District(s). e days when school is in	ct actually occurs. rincipal of the school of the nuiting this contract.	ian assures that a licensed and mber of days the student(s) was		
Yaak Elem High School District		Chair, Boa	ard of Trustee	es				Date		
		, = 0								
Olamata III D			I attest	that the above i	information is	true and correct.	Data			
Signature - Parent or C	Buardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Res	oonsible for Re	imbursing the	Contract		(County	<u> </u>	Legal Entity	_
Yaak Elem					ı	incoln		0533	
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>				_
Are you applying for			□ No		Studer	nt Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Olddel	it ivallic	GCHOOL	Grade	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Studer	nt Name	School	Grade		
Check here only if increase District Trustees and the	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade		
Elem District Approval	□ yes □		itials			nt Name	School	Grade	
		no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	lame: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y Both Semesters	
Kellee Freund Physical Address (str	only):				ndergarten/Kinder Semester Only		y Both Semesters		
Distance from home Elementary 12 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only el - Only include Pre-K Total	rgarten child rides contract: rom Bus Stop rom School rgarten child ride rom Bus Stop rom School Illines: NTS: Due to Scho KS: Send original TY SUPERINTEN or your files. RE (For dist	times per day,times per day,	days per week days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)					
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b 4. This contract shall te	sport or provide t nsport the studer he District shall past semester. e computed on th rminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinaft o and from the school nly when transportatic proved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred to or bus stop on the on for the distance tion upon certifica 42, MCA, and the	as the District(s). days when school is in reported on the contract	ct actually occurs. rincipal of the school of the null ring this contract.	lian assures that a licensed and mber of days the student(s) was	
Yaak Elem High School District		Chair, Boa	ard of Trustee	es				Date	
		,							
Cimpature Descrit	`audia		I attest	that the above i	information is	true and correct.	Data		=
Signature - Parent or C	uardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reinhursing the Contract Yask Elem Is this contract shared between elementary and high school? Is this contract shared between elementary and high school? Is this contract shared between elementary and high school? Is the contract shared between elementary and high school? Is the contract shared between elementary and high school? Is the part of the contract shared between elementary and high school? Is the contract shared between elementary and high school? Is the part of the contract shared between elementary and high school? Is the part of the contract shared between elementary and high school? Is the part of the contract shared between elementary and high school? Is the part of the contract shared between elementary and high school? Is the part of the contract shared school scho		30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Is this contract shared between elementary and high school? yes	Elementary District Re	sponsible for Re	imbursing the	Contract		С	County		Legal Entity
Is this contract shared between elementary and high school? yes	Yaak Flem					1,	incoln		0533
Are you applying for isolation status? Yes		istrict Responsit	le for Reimbur	sing the Con	tract				
Are you applying for isolation status? Yes									
Student Name		ed between el	ementary and	d high scho	ol?				
Student Name				□ No		Studen	nt Name	School	Grade
Student Name	ISOLATION: Section	20-10-142, MCA	, provides for i			Otadoi	it Hamo	Concor	- Crado
Student Name School Grade	increased rates, individ	dual circumstand	es must be rev	iewed and a	oproved by the	Studer	nt Name	School	Grade
Check here only if increased payment due to is solution has been approved by the District Trustees and the County Transportation Committees					e Office of				
Elem District Approval	Check here only if incr	eased payment	due to isolatior	n has been ap	proved by the	Studer	nt Name	School	Grade
THIS CONTRACT IS FOR: Grades 1-12 Parent or Guardian Name: (Please Print) Pre-kindergarten (Please Print) Data Semester Only D	District Trustees and the	ne County Trans				Childre	A Nome	Cahaal	Crada
Parent or Guardian Name: (Please Print) Pre-kindergarten (Please Print)						Studer	it Name	School	Grade
Statement of Guardian Name: (Please Printi) Statement of Guardian Name: (Please Printin) Statement of Guardian Name: (Please Printin) Statement of Guardian Name: (Please Printin) Statement of Guardian Name: (Please Printing) Statement of Guardian Name: (Plea	•	□ yes	□ no					<u>DR:</u>	
Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Only	/ □ Both Semesters
Sistance from home to nearest school (one way)	Ken & Mary Bur	rggraf	only):						
Distance from home to nearest school (one way) Elementary 12	Filysical Address (s	li eet auui ess	Offig).			□ 1st	Semester Only	☐ 2nd Semester Only	/ ☐ Both Semesters
Distance from home to nearest school (one way) Elementary 12									ge students also covered
Distance from home to nearest bus stop, if any (one way) Elementary 0			hool (one wa	y)		by this	contract:		
To or from Bus Stop	•			(To or f	rom School	times per day, _ times per day, _	days per week
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K			is stop, if any	(one way)		Kinde To or f	r garten child ride rom Bus Stop	es <u>without</u> other school times per day,	ol-age students: days per week
Pre-K K Total	□ Contract is for o	ne-wav onlv				To or f	rom School	times per day, _	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The partent splat transport drive five parent the students, bileage contracts are valid only when transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation by the transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation by the teacher or principal of the school of the school of the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Date	Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.				
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall parent parent or provide transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. The contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees I attest that the above information is true and correct.		Pre-K	K	1-8	9-12	PAREI	NTS: Due to Sch	ool Clerk June 1.	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)		Total	Total	Total	Total		KS : Send origina	to County Supt by July	/ 1, retain a copy for your
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Regular Trans						TV 011DEDINTEN	IDENTO Conduction	Lts ODI has hala 40 mateirs a
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the business are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.	Spec. Ed. Trans							IDEN 15: Send origina	i to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the business are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.	Room & Board						RE	EIMBURSEMENT RA	ATE
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name), County, hereinafter referred to as the District(s). The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	Correspondence						(For dist	rict, county and OPI	use only)
Agreement between parent (parent name)	_								
Agreement between parent (parent name)	Contingency						Reimb		nined by
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Spec. Ed. Contin.							20 10 112, 1110/11	
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.									
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Agreement betweer	n parent (parei	nt name)			, and s	chool district (dist	rict name)	,
The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.					County, hereinaff	ter referred to	as the District(s).		
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees High School District Chair, Board of Trustees I attest that the above information is true and correct.	 The parent shall tra 	ansport or provide t							an assures that a licensed and
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	In March and June	, the District shall p							mber of days the student(s) was
Elementary School District Yaak Elem High School District Chair, Board of Trustees Chair, Board of Trustees Date I attest that the above information is true and correct.	The payment shall	be computed on th							
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.		District	Chair, Boa	rd of Truste	es				Date
			Chair, Boa	rd of Truste	es				Date
			<u> </u>	l attes	t that the above i	information is	true and correct		
	Signature - Parent or	Guardian		. 41100				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School Cl	erk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Cou	nty		Legal Entity	
Yaak Elem					Lin	coln		0533	
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Conf	tract	Cou	nty		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student N	Jame	School		Grade
(If yes, please attach ISOLATION: Section 2	20-10-142, MCA	, provides for				v anic	Corloci		Grade
rates for special circum increased rates, individ	es must be re	viewed and a	oproved by the	Student N	Name	School		Grade	
trustees of the district, the Public Instruction. (10.7)				e Office of					
Check here only if incre			proved by the	Student N	Name	School		Grade	
District Trustees and th	·	In	itials		Student N	Name	School		Grade
Elem District Approval HS District Approval	□ yes □	no				NTRACT IS FO			3.445
Parent or Guardian		noe Print)			Grades 1	-12		- D # 0	
Lisa Mountain	`	,				mester Only	□ 2nd Semester Only	y □ Both Se	mesters
Physical Address (st	treet address	only):				ergarten/Kinder mester Only	garten □ 2nd Semester Only	y □ Both Se	mesters
					KINDER	ARTEN/PRFI	KINDERGARTEN:	•	
Distance from home	to nearest sc	hool (one w	av)			arten child ride	es with other school-a	age students a	Iso covered
Elementary 12	HS 0	(0.1.0	,,		To or fror	n Bus Stop	times per day, _	day	s per week
Distance from home		s stop, if an	y (one way)		To or from Kinderga	n School arten child ride	times per day, _ es <u>without</u> other scho	ol-age studen	s per week ts:
Elementary 0	HS 0				To or fror To or fror	n Bus Stop n School	times per day, _ times per day, _	day day	s per week s per week
☐ Contract is for or		the etudente to	an anyonad by th	in nontrant	Deadlir			,	•
Students in Each Grade Le				,			ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS files.	: Send origina	I to County Supt by July	y 1, retain a co	ρy for your
Regular Trans						OUDEDINITES	IDENTO Condicion	de ODI ku kal	.40
Spec. Ed. Trans					copy for y		IDENTS: Send origina	ii to OPI by Jul	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and sch	ool district (dist	rict name)		,
(county name) The parties agree as follow				-	fter referred to as				
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	only when transportati	ion for the distance rep	orted on the contra	session. The parent or guard ct actually occurs.		
transported for the	past semester.				ation upon certification		rincipal of the school of the nur	mber or days the Stu	ueiii(s) was
	terminate at the en	d of the school		student(s) is no longe	er enrolled in school, v			Date	
Yaak Elem High School District		,	ard of Truste					Date	
- ligh ochool bistilct		Grian, Bu	ara or rruste					Date	
0:	0		l attes	t that the above	information is tru	ie and correct.	Ditt		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Resp	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Yaak Elem						Lincoln		0533	
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	l between ele	ementary ar	nd high school	ol?				<u>'</u>	
Are you applying for is			□ No		Stud	ent Name	School	Grade	
(If yes, please attach (ISOLATION: Section 20	explanation) -10-142. MCA	. provides for	increased rein	nbursement	Oldo	CHI Name	CCHOOL	Grade	
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						ent Name	School	Grade	:
						Student Name School			
Elem District Approval HS District Approval	□ yes □		itials			ent Name	School	Grade	!
		no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	ame: (Please	e Print)			□ 1:	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Matthew Kahl Physical Address (stre	only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters		
Distance from home to nearest school (one way) Elementary 13 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Distance from home to nearest school (one way) Kindergarten child rides with by this contract: To or from Bus Stop To or from Bus Stop To or from School Kindergarten child rides with by this contract: To or from Bus Stop To or from School CLERKS: Send original to Continuate the students of the stu								days per week days per week ol-age students: days per week days per week days per week days per week 1, 1, retain a copy for your 1 to OPI by July 10, retain ATE use only)	
insured driver will trar 2. In March and June, the transported for the pa 3. The payment shall be	port or provide tr sport the studen e District shall pr st semester. computed on the minate at the end	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the distantation upon certif	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nun ing this contract.	an assures that a licensed and nber of days the student(s) was	.5
High School District		Chair, Boa	ard of Trustee	es				Date	
		<u> </u>	Lattest	that the above	information	is true and correct.			_
Signature - Parent or G	uardian		1 411001				Date		_

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Responsible fo	r Reimbursing the Con	tract	County		Legal Entity				
Trego Elem			Lincoln		0534				
High School or K-12 District Respo	nsible for Reimbursing	the Contract	County		Legal Entity				
Is this contract shared between up yes up no	n elementary and hi	gh school?	<u> </u>						
Are you applying for isolation s		□ No	Student Name	School	Grade				
(If yes, please attach explanation is of the second second s	on) MCA, provides for incre	eased reimbursement		0011001	0.440				
rates for special circumstances of i increased rates, individual circums trustees of the district, the county t Public Instruction. (10.7.116 ARM)	tances must be review ransportation committe	ed and approved by the e, and the Office of	Student Name	School	Grade				
Check here only if increased paym District Trustees and the County To	ent due to isolation has	s been approved by the	Student Name School						
Elem District Approval	Initials no no no		Student Name	School	Grade				
County Approval yes	no		THIS CONTRACT IS FOR: Grades 1-12						
Parent or Guardian Name: (Ple	ease Print)		☐ 1st Semester Only	2nd Semester Only	□ Both Semesters				
Chris Weikal Physical Address (street addre	ess only):		Pre-kindergarten/Kinderga ☐ 1st Semester Only		□ Both Semesters				
Distance from home to neares Elementary 14.2 HS Distance from home to neares Elementary 5.9 HS 0 Contract is for one-way only students in Each Grade Level - Only ince Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	t bus stop, if any (or y ude the students to be cov		(For distric	times per day, times per day, times per day, without other schoo times per day,	days per week days per week l-age students: days per week days per week days per week 1, retain a copy for your to OPI by July 10, retain a				
insured driver will transport the st 2. In March and June, the District st transported for the past semestet 3. The payment shall be computed 4. This contract shall terminate at the Elementary School District Trego Elem	ide transportation for the sudents. Mileage contracts all pay the parent the sum on the basis of the schedule end of the school year of the year o	County, hereinaff student(s) to and from the school are valid only when transportation officially approved in the applicable established in Section 20-10-1-1 r when the student(s) is no longer of Trustees	, and school district (district referred to as the District(s). or bus stop on the days when school is in section for the distance reported on the contract a tion upon certification by the teacher or prince the contract of the contract o	ession. The parent or guardia actually occurs. cipal of the school of the numl	on assures that a licensed and ber of days the student(s) was				
High School District	Chair, Board o	of Trustees			Date				
	<u> </u>	I attest that the above i	nformation is true and correct.		•				
Signature - Parent or Guardian				Date					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	e to School Clerk Jun	e 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity	
Trego Elem					Lincoln		0534	
High School or K-12 D	istrict Responsit	ole for Reimbu	irsing the Con	tract	County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?	<u>'</u>			
Are you applying for	r isolation stat	us? 🗆 Yes	□ No		Student Name	School	Grade	
(If yes, please attac	h explanation)	nrovides for	increased rei	mhursement	Student Name	301001	Grade	
rates for special circun	nstances of isola	tion of resider	nce. In order t	to receive	Student Name	School	Grade	
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and th		Otadent Name	Contool	Grade	
Public Instruction. (10.	·	Ţ.	•		Student Name	School	Grade	
Check here only if incr District Trustees and the				oproved by the				
Elem District Approval	-		itials		Student Name	School	Grade	
HS District Approval	□ yes □	□ no			THIS CONTRAC	T IS FOR:		
Parent or Guardian					Grades 1-12			
	, ,	,			□ 1st Semester	Only	y Both Semesters	
Sunny Martin Physical Address (s	treet address	oulv).			Pre-kindergarten/		Dath Camastan	
, / (5		oy/.				Only 2nd Semester Onl	y both Semesters	
						N/PREKINDERGARTEN: ild rides with other school-a	ane students also covered	
Distance from home		hool (one w	ay)		by this contract:	:	_	
Elementary 4.2	HS 0				To or from Bus S To or from School	top times per day, _ ol times per day, _	days per week days per week	
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergarten ch	ild rides <u>without</u> other schot top times per day, _ ol times per day, _	ool-age students:	
□ Contract is for o	ne-way only				To or from School	ol times per day, _	days per week	
Students in Each Grade Lo	evel - Only include	the students to	be covered by th	is contract.	Deadlines:			
	Pre-K	K	1-8	9-12	PARENTS: Due	to School Clerk June 1.		
	Total	Total	Total	Total	CLERKS: Send files.	original to County Supt by Jul	y 1, retain a copy for your	
Regular Trans								
Spec. Ed. Trans					COUNTY SUPER copy for your files	RINTENDENTS: Send originals.	al to OPI by July 10, retain a	
Room & Board					., ,	REIMBURSEMENT R	ATE	
					(F	or district, county and OPI	· · · <u> </u>	
Correspondence								
Reg. Contingency						Reimbursement rate is deterr	 mined by	
Spec. Ed. Contin.						20-10-142, MCA.		
·								
Agreement betweer	n parent (parei	nt name)			, and school distri	ct (district name)	······································	
(county name)				County, hereinaf	ter referred to as the Dis	trict(s).		
	ansport or provide					chool is in session. The parent or guard	dian assures that a licensed and	
In March and June	, the District shall p				on for the distance reported on that ation upon certification by the tea	ne contract actually occurs. icher or principal of the school of the nu	mber of days the student(s) was	
	be computed on the				42, MCA, and the information ac			
Elementary School			year or when the ard of Truste		er enrolled in school, whichever of	occurs IIISt.	Date	
Trego Elem High School District		Chair, Board of Trustees Date						
. light control bistrict	Stati, Board of Trustees							
			I attes	t that the above	information is true and co	orrect.		
Signature - Parent or	Guardian					Date		